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APPLICANTS

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**** CONTINUING DATA** *None***** FOREIGN APPLICATIONS** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **SMALL ENTITY**
**** 02/25/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS <i>48</i>	INDEPENDENT CLAIMS <i>17</i>
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>				
Verified and Acknowledged <i>Paul Brucker</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Flexible neck toothbrush

FILING FEE RECEIVED 680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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